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ABSTRACT

This essay on marriage and family therapy begins with background information on the institutions of marriage and the family, including religious and social forces, and the effects of the industrial revolution on American society. The impact of the two world wars on the social, political, economic, and psychological climate of the United States is examined. Changes in the traditional roles of men and women and the resultant tensions upon family life are explored. A discussion of the breakup of the extended family, the birth of the nuclear family, and types of marriage and family problems is followed by a presentation of early therapeutic efforts to assist troubled marriages and to develop modern approaches to therapy. The theoretical orientations of several modern marriage therapists are summarized along with speculations on the future of marriage and family counseling. In conclusion, personal critiques and observations of marriage and family therapy are presented. (Author/NRB)

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ESSAY

Marriage and Family Therapy: Its Evolution From Revolution

by

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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the Degree of Doctor of Philosophy.

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Marriage and Family Therapy: Its Evolution from Revolution

PREFACE

In part one of this essay I will attempt to outline the factors, both past and present, which have lead to the need for marriage and family therapy. First, I will present background information on the institution of marriage and the family. Religious and social forces will be discussed. Secondly, the industrial revolution and its effect upon American society will be outlined. The changes have been set in motion with reference to marriage and family life as it had existed since biblical times will be reviewed. Thirdly, the changes brought by the two great world wars of the 20th century and concomitant effects upon the social, political, economic and psychological climate of the United States will be examined. The sudden change brought by these wars upon the traditional roles of men and women and the resultant tensions upon family life will be further explored. This will be followed by elucidating upon the break up of the extended family system and the birth of the nuclear family.

Part two of this essay will examine the birth of marriage and family therapy. First, the recognition of the problems of marriage and family life will be studied. Early efforts to assist troubled marriages will be presented. The early

approaches of Freud, Adler, Popenoe and Dreikers will be mentioned. Secondly, the development of modern approaches to marriage and family therapy will be reviewed. Thirdly, theoretical orientations of several modern day marriage and family therapist will be discussed. Finally, a summary of the integration of past and present approaches to solving marital and family problems will be presented along with speculations on the future directions and influences of these approaches on the institution of marriage and family life.

In part three of this essay, I will present my personal critique and observations of marriage and family therapy. Included in my discussion will be personal observations made over the last 20 years of the causes and effects of marital and family dysfunction and their resultant consequences on the mental health and physical well-being of the American family. I will conclude this article with a presentation of my individual viewpoints for resolving marital and family issues and present possible solutions for improving the mental and physical health of the American family.

PART ONE

A Historical Perspective

Marriage and Family: Traditional to Modern

As a method of treatment, marriage and family therapy is a relatively new phenomena. Prior to the 20th century, marital and family discord was almost unheard of and divorce was almost nonexistent. Both societal and religious forces were employed to establish the sanctity of marriage and family life. Once a man and woman married, marriage was for life and they were expected to produce a family. However, the wife was subservient to her husband. Biblical commands rang out loud and clear: "Husbands love your wives"; "Wives be subject to your husbands"; "Remember thou shalt not commit adultery". History and literature abounds with stories of persons who were unfaithful to his/her spouse or who sought divorce because the spouse was no longer compatible with him/her. In these cases the message was clear, "Marriage is for life and necessary for a sound family system." Sound families made for a strong society; therefore, "those who chose to break the sacred marriage contract and threaten the family and society would be severely punished" and they were. Often times the offender was banished from his/her country. During more modern times he/she may have lost his/her job for failing to fulfill his/her responsibilities.

Severe punishments were especially imposed upon women. Women who failed to fulfill their responsibilities may have been put to death or may have been ostracized from society. In some cases the women were made to wear a social symbol to allow everyone to know of their indiscretions, for example, this was practiced in Colonial American during the early 1700's (Hawthorne, 1850). These forces caused married couples to think twice about marital separation or divorce. Even when laws were liberalized to allow for divorce under certain circumstances; for example mental illness or adultery on the part of one's spouse, married partners continued to stay together and work at resolving differences in their marriages. The message was clear throughout the ages--"marriage is forever". Even when the spouses were unhappy with their situation, they were to "grit their teeth" and work along side each other, usually not saying anything about their thoughts or feelings. When problems did occur, they were usually resolved by the clergy or the senior members of the extended family system. Consequently, women knew their place and men theirs.

Frequently, staying happy together was of ultimate importance because husband and wife depended on each other for survival. Thus the marriage of two people was necessary for the psychological, economic and reproductive needs of the total society (Baber, 1953). The majority of couples worked

on farms, produced children, and carried on the established traditions of the society. Few people questioned such abstract concept as the meaning of the mutual love of the spouses, sexual compatibility, equalitarian rights of women, the ability of married partners to become best friends, or for them to share their innermost thoughts and feelings (Skolnick & Skolnick, 1971). No! This was not an accepted custom. Tradition dictated that the wife was a lesser person than her husband. She was not a slave but neither did she have the rights that society allowed her husband. Furthermore, she was not permitted under the law to make major social, educational, economic or political decisions and was denied the right to education beyond the primary level; that is, higher education was permitted only to males. Some present day societies deny this even to males, for example, the Amish of Pennsylvania do not permit education beyond 8th grade for anyone (Rosella, 1978). Sometimes she was not allowed to receive any education nor could she vote, hold public office, serve on a jury, manage the family finances or hold any other position relegated to men only. The institution of marriage continued to survive in this way for thousands of years with religious and social constraints continuing to dictate marital and family behavior.

The Family and The Industrial Revolution: Change Begins

Nevertheless, with the beginning of the industrial revolution in the United States during the middle of the 19th century, some changes began to occur. During the American

civil war a number of women took part (at least in the background) in major decisions (Raab & Selznick, 1959). Furthermore, the nations economic structure began to change with the introduction of modern machinery into society. Factories were built in the northern states. Cities such as Boston, New York, Philadelphia, Pittsburgh and Chicago attracted many people to work there. Soon immigrants began arriving from Europe in search of opportunities in the United States because of famine, war and political unrest in their countries (Cavan, 1965). These people had strong family ties in their home lands but were now separated from their extended family system. They had to "fend for themselves" and came into conflict with American culture, and, frequently with each other. Similar ethnic groups moved into ghettos with other displaced persons with like backgrounds and formed a "new type" of family system that provided emotional, political, and frequently economic support (Raab & Selznick, 1959; Skolnick & Skolnick, 1971). But their children went off to community schools and later to regional high schools where they met the children of other ethnic groups or Americans with no recent European ties. English was the spoken language and soon marriages took place across ethnic lines. These were rarely sanctioned by the elders of the groups; however, the marriages took place but the young couples frequently found themselves alone--not accepted by either of their families. Many times these marriages were strong but often without the emotional, and financial support

of the extended family. Excessive consumption of alcoholic beverages and other social problems were commonplace. Nevertheless, most marriages stayed together in order for the family to survive, for without mutual support, economic disaster would have ensued since most women had no saleable skills other than caring for children and home; therefore, they could not independently support themselves (Delli Quadri, 1963). This pattern continued throughout the late 19th and early 20th centuries.

The Decline of Rural Society

During the early part of the twentieth century the United States agrarian economy began to diminish as people moved from farms to cities where they could find employment. Modern technology was producing machinery that could do the work of 100 men. Thus, small farmers could no longer profit from the land let alone survive (Raab & Selznick, 1959). Consequently, the cities grew and so did social and educational problems. Several factors contributed to these problems.

Women now worked in factories, and their children too worked there for little wages. Both were often exploited. World War I created further changes. The family frequently found itself increasingly stressed with father going off to a "new kind" of war. Many mothers were called upon to work in factories producing war materials or on the military bases of America, thus spending less time at home. Children continued

to be exploited in the sweat shops of the great American cities. Furthermore, some fathers did not return home after the wars. When this occurred, these families found themselves in serious trouble. Those that still had an extended family to fall back on fared better. However, those that were left alone did not survive as family units.

The wife possessing few educational or technical skills sometimes found herself being drawn into social vices such as prostitution, shoplifting, and various petty crimes in order for her to care for her young children (Raab & Selznick, 1959). Thus a new kind of family was formed--the single parent family. Prior to this time "single parent" families were absorbed by the extended family where uncles, aunts and cousins replaced the missing natural parent and provided economic and emotional support for the remaining parent. But the situation now changed. The single parent often could not deal with these new social stresses and resorted to excessive consumption of alcoholic beverages to help him/her cope. About the same time period the United States government recognized the problems and began to pass laws to correct abuses. Consequently, mandatory school attendance to age 16 and child labor laws were passed by most states.

As 20th century society became more industrialized and families less dependent on the land, the movement toward to urban areas of the country continued. This became increasingly

necessary because even fewer families could now survive economically on the farms (Baber, 1953; Cavan, 1965). This trend towards urbanization changed the entire role of the family members. Both boys and girls would now attend school until at least age 16. Many would continue to earn a high school diploma and go on to earn a college degree. Change was slower for those who remained in rural areas, but in urban centers change occurred at a rapid pace. The traditional role of the female member of the family also began to change even more than before as women entered colleges. With increasing numbers of women seeking higher education, many of these newly enlightened students began to question their traditionally inferior roles. Increasingly, they openly expressed dissatisfaction with the way they had been treated throughout the ages and began to pursue opportunities in all areas of endeavor in an aggressive manner.

Several factors can be elucidated here which improved the status of women (Cavan, 1965; Skolnick & Skolnick, 1971). First, women managed to exert sufficient pressure to have the 19th Amendment to the Constitution of the United States passed. This amendment granted them the right to vote. Even more importantly it provided them with a political clout that heretofore had not existed. They could now become actively involved in, and influence the political direction of the country. Secondly, increasingly women entered professions

previously restricted to men only, i.e. law, medicine and higher education. Thirdly, they competed with men for jobs and began to openly rebel against traditional restrictions on their behavior. Some attacked the institution of marriage itself and attempted to recruit allies to their cause of equal rights for women (Toffler, 1970). Fourthly, World War II erupted and women took an even more active part in the war effort than had previously been taken during any other period in recorded history (Skolnick & Skolnick, 1971).

When World War II ended in 1945, men and women returned home to continue the concerns of day-to-day living. Many found that war had changed their lives permanently and there was no returning to the previous life style that they had known. The change had taken place overnight. Many marriages hastily entered during the war were quickly dissolved. Religious and social forces attempted to return marriage to its traditional position, however, the forces of change were stronger and prevailed. The extended family as we had known it for centuries ceased to exist and the nuclear family consisting of a man, woman and one or more children became increasingly commonplace. Finally, the Civil Rights Act of 1963 further strengthened the position of women, thus, bringing about even more change.

Suburbia: The American Dream

During the mid-1950's a new trend developed in the United States which further stressed the American family.

This was the exudus from the city to the surrounding suburbs. Suburban living was for the affluent at first. Later, however, it became affordable for the average working family too when communities such as Levittown, Pennsylvania were developed.

In the suburbs, the great American dream of owning a single home on a large plot of ground was realized. Nevertheless, the stresses on marriage and family life were increased considerably as families attempted to maintain a new lifestyle. By 1968 one study showed forty percent of the original families that moved to Levittown, Pennsylvania in pursuit of a better life were experiencing serious marital and family problems (Rosella, 1968). Similar problems also appeared in other suburban communities across the country. In order for the family to financially maintain its new standard of living both parents frequently had to work. Consequently, children were left unsupervised for long periods of time and drifted into socially unacceptable behavior. Furthermore, spouses devoted less time to each other and grew physically and emotionally apart. The "Payton Place Phenomenon" developed where each spouse began looking elsewhere to have his/her physical and emotional needs met. Eventually many of these couples divorced and their families disintegrated. The concomitant emotional problems that developed were great and continue to the present time.

Cavan (1965) studied the American suburban lifestyle and believes that a new type of family is being created. He states

that "the Colonial farm, the modern farm and the great urban centers each molded the basic American family to fit its own opportunities and limitations" (Cavan, 1965). Several points can be noted to illustrate this which directly affect the wife's behavior. First the suburban husband works in the city and is absent all day. Secondly, his wife bears a heavier responsibility for managing their children and caring for the home. Thirdly, they must become active in community affairs. Finally, she will probably return to work after her youngest child begins school. Factors which affect the husband indicate that he is torn between two roles. First his basic role is played in his occupation. Secondly, he is expected by his wife and the community to become more involved in family activities, care for his property and become involved in community affairs--things which are not usually expected of city husbands. Thirdly, he is additionally stressed by job pressures where he believes most of his free time should be spent since he can not move ahead without improving himself. Therefore, it is easily observable that these changes create conflict. Conflicts caused by these changes have created tremendous stresses, thus, causing families to malfunction and creating a variety of physical, emotional and social illnesses. This has given rise to new concerns among health professionals to find ways by which to keep the family healthy.

In short, it became increasingly clear that the American family was in a state of transition and new methods would have to evolve to help it survive.

Marriage in Transition

The increasing industrialization of America, scientific advancements, education and affluence brought even further changes in the early 60's. Entire families began moving to different sections of the country for financial advancement (Cavan, 1965). A man or woman was threatened by large corporations and government agencies with an economic and professional destruction if he/she did not move when opportunity beckoned. Frequently, no consideration was given to stresses on the spouse or children that accompany such sudden changes. Consequently, marriages became further stressed with the spouses being in almost constant states of tension and disequilibrium. This resulted in a situation were couples began playing subtle games with each other. Thus marital infidelity increased as they sought to have their physical and emotional needs met by others (Toffler, 1970). They were always searching for happiness, but somehow could not find it. Money which in past generations had been a problem now was plentiful, but it just could not buy happiness. Eventually, many marriages were dissolved and the partners tried again. This time with someone else. A new phenomenon, serial monogamy

was identified by sociologist to describe men and women moving from one marriage to another (O'Neill & O'Neill, 1972).

But these changes too created further neurosis, behavior disturbances, drug and alcohol abuse, psychosomatic disorders, and more serious conditions became more noticeable. Now even the nuclear family was in difficulty. Many social, medical, educational and political observers began to ask the question; "What will happen to American society if the family, the basic unit of society, is destroyed?" With this awareness, the disciplines of psychiatry, psychology, sociology, education, political science, economics and medicine each began to examine the problem. Out of these queries emerged the relatively new field of marriage and family therapy. In the next section of this essay, I will examine the birth of marriage and family therapy from its modern beginning to the present.

PART TWO

The Birth of Marriage and Family Therapy

Marriage and Family Therapy Defined

What is a marriage and family therapist? Since I could not find a clear definition of a marriage and family therapist, I will combine several points of view and create a definition. Thus, a marriage and family therapist is a professional who chooses to treat married couples or families who are experiencing stress as a result of poor communications, emotional and physical illnesses or a wide range of other relationship problems. He/she will see for treatment one or more family members who are experiencing significant difficulties which have caused the marrige or family to malfunction. There is presently no separate profession of marriage and family therapy (Martin, 1976). However, marriage and family therapy is practiced in some way by all therapists regardless of their theoretical orientation, since what occurs in therapy will directly or indirectly affect the marriage, family, or both.

The Past

Prior to the 20th century there appeared to be no need for marital or family therapists. Existing problems were managed by the extended family system, clergy or a combination of the two (Guerin, 1976). The first observable marriage and family therapy is believed to have been initiated by Sigmund

Freud when he concurrently treated James and Alix Strachey, a husband and wife who became his English translators and publishers (Martin, 1976). Experts now believe that Freud (1909) was the first recognized family therapist in his historically famous case of Little Hans when he treated a child for a horse phobia by working with the father and never seeing the child. Consequently, a consensus today is that marriage and family therapy has been conducted by therapists since the advent of formal psychotherapy. Nevertheless, the specific focus on the study of marriage and family therapy did not come until the 1930's on a small scale and the 1950's on a larger scale.

The First Modern Marriage and Family Therapists

The first conserted effort to focus specifically on marriage and the family was made by Paul Popenoe, Sc.D. in 1930 when he founded the American Institute of Family Relations, a nonprofit educational, counseling and research organization which is headquartered in Los Angelos, California (Popenoe, 1971).

Popenoe, a geneticist, became very interested in the problems encountered by families after World War I and during the great depression. He noticed an increasing amount of tension, disequilibrium, and poor morale as marriages and families became increasingly stressed by the changes of modern society. Since he was a trained scientist, he decided to do something about the problem. This resulted in great effort on his part until his death in 1979. The organization which

he founded continues to expand and provide services for troubled marriages and families.

One of the first attempts at family therapy occurred shortly after World War I. Alfred Adler attempted to uncover "the child's hidden goal in the presence of the child, the parent and the teacher." Once the faulty goal had been identified all could proceed with a oneness of purpose (Dreikers, et al, 1959). Adlers student, Rudolph Dreikers, M.D., brought the principles of Adlerian family counseling to America in 1938. Dreikers was asked by the directors of the Abraham Lincoln Center in Chicago, Illinois to start a clinic to treat child and family problems using Adlerian methods. The focus was on child problems, however, the entire family including the marital problems of spouses was treated. Thus, the first clinic of this type was founded in America and exists to this day while continuing to expand (Dreikers et al, 1959).

As the focus on marriage and the family became clearer and more specific, the need for an organization to establish standards for the training of counselors was recognized. Unlike other professions where a specific training program was required, marriage and family therapy was being conducted by practitioners of a number of disciplines. Psychologists, psychiatrists, social workers, the clergy and others found themselves treating marital and family dysfunctions. Consequently, a number of these people met in 1942 and formed the American Association of Marriage and Family Counselors (now the American

Association of Marriage and Family Therapy). The organization has grown as a multidisciplinary organization and is recognized by the Department of Health, Education and Welfare as the certifying body for determining standards for the individual practitioner. The AAMFT also examines and approves training centers in marriage and family therapy. Furthermore, the organization has established a "code of ethics" which is binding upon all members and in 1975 began publishing the Journal of Marriage and Family Therapy. In addition, the AAMFT has further expanded to include the accreditation of programs offering training in the supervision of marriage and family therapists. In addition, it now publishes a directory of Health Services Providers in Marriage and Family Therapy which includes the names of approved clinical members for use by consumers, governmental agencies, and universities. A person certified as a clinical member of the Association of Marriage and Family Therapists is considered to have met the minimum standards for the "independent practice" of marriage and family therapy regardless of his profession since his/her training in marriage and family therapy meets the uniform requirements of that organization.

Modern Theoretical Approaches

Until 1950, it was generally considered unacceptable to see troubled spouses or families together. This is primarily attributed to the influence of psychoanalytic

principles on the conduct of psychotherapy. "A patient/therapist relationship and the contamination of the transference by contact with the patient's relatives was regarded to be of great importance." Other psychiatrists or social workers would work with the family members if necessary (Guerin, 1976). Eventually it became acceptable to see couples and families together for research purposes only. A number of pioneers in the field of marriage and family therapy broke away from traditional psychoanalysis and began to focus more on the family as a social and emotional unit with the dyadic relationship of the husband and wife serving as the cornerstone for the personality development of the children. Nevertheless, between 1950 to 1954 research was largely underground. A search of the literature for this time period makes no mention of research in family therapy and only scant mention of research in marital therapy, and this was considered of a "lower level" since it was being conducted by "counselors" and not psychiatrists (Martin, 1976). Some mention, however, is made of the view of the family as a unit of emotional dysfunction. Between 1954 and 1957 many researchers continued to experiment and develop programs to treat familial dysfunctions. In 1957, the family therapy movement surfaced nationally. The work of Murray Bowen on multiple impact family therapy was presented to the scientific community. Three months later Spurgeon English of Temple University organized a panel on family therapy to be presented at the

American Psychiatric Association Convention in Chicago. This was followed by a larger number of presentations and eventual publications on marriage and family therapy which appeared between 1964 and 1968. Outstanding therapist such as Don Jackson, Virginia Satir, Carl Whitaker, Salvadore Manuchin and Jay Haley proposed theoretical approaches to psychotherapy utilizing the family as a treatment subject (Guerin, 1976). At this time an ideological war surfaced between psychoanalytic and systems oriented therapists. The battles centered around issues like the nature of the transference process and the necessity of the concept of the unconscious. In 1971, the importance of systems theories began to take hold and psychoanalysis fell into a position of lesser importance. Today the majority of marital and family therapist describe themselves as eclectic (69%), systems theorists (11%) are the next largest group, the remaining (20%) seem to be evenly divided among communication, psychoanalytic, egoanalytic and behavior oriented psychotherapist (Geiss and Olery, 1979).

Three General Theoretical Approaches

Psychotherapist who are skilled in marriage and family therapy utilize reeducative, communications, and psychiatric theories for treating emotional disorders, and marital and family dysfunctions when working with the family unit (Warga, 1978). The three general approaches mentioned have as many variations as there are therapist.

The first, the reeducative techniques attempt to provide guidance for spouses and family members by transmitting new values, giving advice and assistance in reordering priorities. This approach is largely used when no serious symptoms of psychopathology are present. Frequently, as married partners and their children grow older they lose sight of their goals or face a variety of environmental stressors, i.e., school, job changes, finances, sexual concerns and developmental problems. Parents and children often have little information or may have misinformation on how to effectively deal with the presenting issues and they seek professional assistance. Most importantly, therapists will attempt to help family members evaluate their position on various problem areas, thus, reducing the amount of tension being generated.

A second general approach deals with a reorganization of a families method of communication and speaking. Family members are taught to respect each other and their individual points of view. Thus, rationality is incorporated into the families behavioral patterns.

Prominent researchers such as Weakland, Bateson, Haley, Jackson and Satir studied systems of family communications beginning with the late 1950's. Their efforts are continuing to the present and interest in this area is being increasingly incorporated into the work of other social and behavioral scientists.

According to communications systems researchers, interactional problems must be identified within the family system since these faulty communicative interations produce specific undesired behaviors. After the inquiries and observations are made, the therapist must determine the treatment goals and consider immediate steps and a means to achieve them (Weakland in Guerin, 1976).

The third general approach treats family members who are experiencing severe emotional disorders, for example, one family member may be diagnosed as schizophrenic, anorexic, etc. However, instead of treating the "patient" in the usual dyadic manner, the therapist chooses to identify the entire family as the patient and will conjointly work with as many family members as possible. This type of therapy attempts to relieve stresses and tensions being experienced as a result of the familial state of disequilibrium. By utilizing this technique the therapist hopes to improve the family's emotional climate. A number of well known theorists such as Murrey Bowen, Salvadore Manuchin, Otto Kurnberg and Christopher Beels have experimented with this approach.

In this paper only Bowen's theory will be discussed in detail since it is comprehensive and includes most aspects of other theories. Nevertheless, mention at least of other presently utilized approaches will be made before Bowen's theory is explained.

The theories presently in vogue are psychoanalytic oriented methods, communications approaches utilizing conjoint or group sessions, general systems, and behavioral theories. Psychoanayltically oriented treatment approaches include the Freudian concept of transference - countertransference and primarily utilize an intense one-to-one dyadic type of treatment. Several variations of this exist in treating marriage and family dysfunction. The first is called consecutive psychotherapy. Here the same therapist first treats one spouse (Martin, 1976). Later he treats the other spouse and may treat other family members. A second approach is concurrent psychotherapy. In this approach, the therapist treats the family members simultaneously but still on a one-to-one basis. A third psychoanalytic method is called the collaborative approach. With this approach two different therapist treat the family members but plan regular review sessions to compare notes and plan complementary treatment strategies. Communications theories focus on the development of dialogue between the spouses and other family members. These are based on the hypothesis that improved interpersonal relationships through the teaching of communication skills will reduce tension between married partners and their families.

Conjoint marital and family therapy apporaches of Don Jackson (1957), Nathan Ackerman (1958), Virginia Satir (1965) Andrew Watson (1962) are examples of approaches that focus on improving interpersonal relations through more effective

communications. In conjoint therapies, the spouses and family members are seen by one or more therapists at the same time. Presently, conjoint or group approaches are the most frequently used techniques (Guerin, 1976). General systems theories was founded by Ludwig Von Bertalanffy. He stated "that organized complexities or systems are the product of the dynamic interaction among their parts rather than the sum of their absolute characteristics." Thus, the whole is not simply the sum of its parts but an integrated entity (Martin, 1976). There continue to exist some confusing elements concerning systems theories, however, marriage and family therapy researchers are continuing to further refine existing approaches. Most experts now include communications theory as part of general systems theory. Behavior theory could also be regarded as another general systems theory because it treats marriage and family dysfunction through the use of a system where the fulfillment of responsibilities leads to the granting of privileges. In other words, positive behaviors are usually rewarded while negative behaviors are either ignored or punished (Shelton & Ackerman, 1974). However, this theory will be considered separately because the individuals conducting research utilizing behavioral techniques are followers of B.F. Skinner, Joseph Wolpe and Andrew Salter consequently they comprise a completely different group of investigators not formerly identified with the previously mentioned theoreticians.

Behavioral approaches to marital and family problems thus specify dysfunction in concrete and observable terms using empiricly derived principles of learning theory. The therapist and patient work toward the therapeutic goals of learning to deal with each other by looking at the consequences of their behavior or contingencies of reinforcement. Maladaptive behaviors are not rewarded and recognition is given only for desired behavior.

Now that several theoretical approaches employed by psychotherapists have been briefly mentioned the Bowenian theory of marriage and family therapy will be discussed in detail.

Bowenian Theory

Murray Bowen developed a specific theory to help understand facts of emotional functioning. He distinguished between intellectual and emotional systems which were discussed in general family systems theory and identified two main variables that created emotional disequilibrium amongst family members. One is the degree of anxiety which is affected by such factors that cause various types of anxiety. He also studied the duration and intensity of the sources anxiety. In his approach, he indicated that all organisms have a built-in mechanism to deal with short bursts of anxiety. "But it is sustained or chronic anxiety that is most useful in determining the differentiation of the self." According to Bowen, if anxiety

is sufficiently low, almost any organism can appear normal in the sense that it is symptom free. When anxiety increases and remains chronic for a certain period, the organism develops tension either within itself or in a relationship system and the tension results in symptoms or dysfunction or sickness. The tension may result in physiological symptoms, in emotional dysfunction, in social illness characterized by impulsiveness or withdraw or by social misbehavior. There is also the phenomenon of infectiousness of anxiety through which anxiety can spread rapidly through the family or through society. The second variable of his theory is the degree of integration of the self. This is the central principle of his theory which has eight concepts. Three of these concepts deal with the overall characteristics of the family. The remaining five focus on details within certain areas of the family. He outlines his concepts as follows: (1) Differentiation of self; (2) Triangles; (3) Nuclear family emotional systems; (4) Family projection prothesis; (5) Emotional cut-off; (6) Multi-generational transmission process; (7) Sibling position; (8) Societal regression (Bowen in Guerin, 1976). Each will be briefly discussed.

The first concept is that of differentiation of self. This is the cornerstone of his theory. Here Bowen defines people according to the degree of fusion or differentiation between emotional and intellectual functioning. He believes that some

people have intellects which are dominated by their emotional system. Thus, making them less flexible, less adaptable and dependent upon those around them. Consequently, they are easily stressed and thrown into a state of disequilibrium. On the other hand, there are people who can differentiate between their intellectual and emotional functioning. They are able to return autonomy in periods of stress and are more adaptable, more flexible and more independent of the emotionality about them and cope better with life's stresses. Nevertheless, Bowen points out that most people actually function between the two extremes of intellectual and emotional functioning. Frequently, combining the two to various degrees depending upon the situation they find themselves.

The second concept is that of triangles. This theory states that the triangle, a three person emotional configuration, is the basic building block of any emotional system whether it is a family or any other group. The triangle is the smallest stable relationship system. A two person system may be stable as long as it is calm, but when anxiety increases, it immediately involves the most vulnerable other person to become a triangle. For example, a child may experience difficulties with his peer groups causing him/her to become aggressive within the home or a behavior problem in school. When tension in a triangle is too great for the threesome, it begins to involve others to become a series of interlocking triangles.

By studying social triangles, e.g. father-child-mother, a therapist can keep interactions in perspective, maintain his objectivity by keeping himself out of a triangle and can assist in defusing tension within the family system by predicting the next move of the various family members prior to its occurrence.

The third concept of Bowen's theory is that of the nuclear family emotional system. This concept describes the patterns of emotional functioning of a family in a single generation. Patterns of past generations will become part of the present behavior and these will influence the behavior of generations to follow. Through careful study of past history a therapist can predict patterns of behavior for future generations. The nuclear family begins when a man and woman marry. People usually select mates who have similar backgrounds. The less similar the couple is to each other, the lower the level of differentiation then the more intense will be the emotional difficulties within the marriage. When people are not able to adapt to each other, anxiety develops and people learn to deal with their symptoms in some way. The most universal symptom is emotional distance from each other where persons merely isolate themselves from "hurtful situations." Three other areas also cause symptoms. These are marital conflict, dysfunction in one spouse, and impairment of functioning in one or more children.

Bowen's fourth concept is family projection process. This occurs when parental undifferentiation impairs one or more children within the father-mother-child triangle. It appears to revolve around the mother and results in the primary emotional impairment of the child. Frequently, chronic physical illness or disability of family members will ensue.

The fifth concept of Bowen's theory is that of the emotional cut off. This is determined by the way people handle their unresolved emotional attachments to their parents. The lower the level of differentiation, the more intense the unresolved attachment. The heart of this concept centers around the way people separate themselves from the past in order to start their lives in the present generation. It involves the process of separation, isolation, withdrawal, running away, or denying the importance of the parental family.

Bowen's sixth concept is the multi-generational transmission process. This is the process that produces the poorly functioning people who make up most of the lower social classes. The family projects problems onto one child who is the primary object of the family projection process. This child emerges with a lower level of differentiation than the parents and does less well in life. If the line from one generation of children to the next is followed a remarkable consistency of family functioning is seen from one generation to the next one. Occassionally a child from a family at the highest level of differentiation will not fair well in life and vice versa.

The seventh concept is sibling position. This deals with the personalities of children according to birth order and in degree of differentiation of the self. A child's personality charactistics will be affected by the siblings position in which he grew up within the family. Knowing sibling position in the present and past generation is very important for the conduct of therapy. For example, a first born father will have experienced life differently than his brother who was a middle child. Each of them in turn will treat his children differently as a result of their unique personality development.

Finally, Bowen's eight concept is that societal regression. He believes that when a family is subjected to chronic sustained anxiety, the family begins to lose contact with its intellectually determined decisions to allay the anxiety of the moment. The result of the process are symptoms and eventual regression to a lower level of functioning. This is extended to society in general. Where in a period of increasing chronic societal anxiety, the society responds to this with emotionally determined decisions to allay the anxiety of the moment. This results in physical, psychological or behavioral dysfunction which brings about an attempt to relieve the symptoms. In present day American society this may be done by "band-aid" legislation which only exacerbates the problem that keeps the cycle in repetitive continuous motion which

results on increased social emotional illness. The family goes through a similar cycle which results in emotional or mental illness.

Summary

In summary, there is no doubt in one's mind that the traditional institutions of marriage and family have changed. The evidence presented suggests that no longer do the traditional folk ways, usuages, mores and customs of our culture bind spouses and their families together. For generations, married couples and their families were dependent upon each other for survival, both emotionally and economically. The patriarchal extended family of yesteryear has now given way to a new type of nuclear family which is heavily influenced by the pressures from the technological advances of our society. This family moved from the well-organized, easy going, rural family to the family that was transplanted to the city where the pace changed to an unbelievable breathless speed and the life style became very disorganized and distressful. However, by 1960 special services were being developed to help urban families cope with the pattern of city living. But, by this time the American family was into another state of transition--the move to the suburbs.

Rapid chages within American society have continued and with it increased stress on marriage and family life. Consequently, numberous psychotherapeutic techniques have been developed to assist families learn to cope with the stresses of modern society. Variations of psychoanalytically oriented therapies

following the teachings of Freud, Adler, and Berne are offered by some therapists. A second group of therapists focus on family systems and attempt to restructure the family or find better methods by which to improve family communications. Advocates of these conceptual orientations are Haley, Bowen, Minuchin, Satir, and Jackson to name a few. A third conceptual model for treating marital and family dysfunction is based upon learning theories or the behavioral approaches. Advocates of this orientation primarily comes from the disciples of Joseph Wolpe and Andrew Salter. The primary proponent of this orientation today is Gerald Patterson who has developed numerous techniques for modifying behavior within the family.

In short, marriage and family therapists now practicing in the United States come from a variety of theoretical orientations. There are probably as many variations of marriage and family therapy as there are therapists. Marriage and family therapy is practiced by psychiatrist, psychologist, clinical social workers, and postoral counselors. There does not appear to exist a separate profession of marriage and family therapists, although several university graduate programs have been developed in recent years in an attempt to establish this. Presently, professionals from a number of the helping professions receive intensive specialized training and supervision in marriage and family therapy in order to qualify them to assist troubled marriages and families. This training is

pursued after completion of a degree in the medical or behavorial sciences and consists of several thousand hours of course work, practicums and supervision. This usually qualifies these professionals to meet the minimum requirement to be fully recognized as marriage and family therapists and to receive certification as a clinical member of the American Association of Marriage and Family Therapists.

Future Implications

With increasing technology, social and behavorial scientists anticipate a continued traumatization of marriage and family life. It has been speculated that the family will produce less within the home (Nimkoff in Cavan, 1965). Families of the past had to produce tools and food at home. In order to do this, the family members worked together and shared much time with one another. Modern technology began to change this and continues to do so, thus, requiring family members to spend less time together. A second innovation to effect the family was the increased attractiveness and comfort of the home. Central heating and air conditioning, television, and other forms of home recreation and education were introduced within the 20th century. However, these have not kept the family together as some social scientists had hoped (Raab & Selznick, 1959). With these increased comforts and affluence it would appear that the family should be stronger.

Nevertheless, the divorce rate has increased despite increasing comfort, leisure time and play activities.

In brief, technological developments during the past century appear to have diminished the power of the family as an institution while increasing the power of industry and government. The economic functions of production have been largely transferred from the home and have been assumed by industry. The protective and educational functions have been assumed by various government agencies. Furthermore, Sociologist Meyer Nimkoff (1965) states that: "the only functions that the home now serves are sex and procreation of children, and the sharing of affection between spouses and between parents and children." Also, the preschool education of children is still largely in the home. However, this too appears to be changing since an increasing number of woman are resuming their careers or jobs shortly after childbirth.

What effect will these changes have on the formation of personality and character of the children since these functions are largely the responsibility of the family? And what effect will other technological advances such as better methods of birth control which will result in fewer children have on marriage and family life? In addition, medical science will allow people to live longer, healthier lives, thus, changing the complexion of society. How will we adapt to this change? Finally, the greatest advances will come from the social, educational and behavorial sciences.

Scientists from the preceding disciplines will provide more knowledge about interpersonal relations and their effect upon the personality development of the family members. Briefly, light will be shed on the affectionate relationships that develop between (a) husbands and wives; (b) parents and children; and (c) brothers and sisters.

In summary, it is expected that in the future there will be more knowledge which will contribute to harmonious and effective relationships between these members of families. There will also be a greater understanding of the communications process and its contribution to family welfare. Better communications techniques will be developed which will improve love and affection amongst family members. Also, an understanding will be reached of the spiritual nature of humans and its importance in the development of personality. Finally, behavioral and social scientists will devise methods to improve marital compatibility and improve the changes for married couples and their children to live happy more productive lives. Furthermore, young couples contemplating marriage will seek premarital counseling. This will come about because schools will develop better educational techniques and will utilize these with young children. These changes will be effected by a greater collaboration of the helping professions to reduce the number of mentally and emotionally disturbed

people which will result in an increased number of well-adjusted persons. These persons will most probably be capable of entering and maintaining harmonious marriages which in turn will decrease the divorce rate. Eventually the effects on children of seeing "happily" married, well-adjusted married couples will result in better adjusted children. These children who have more positive role models to emulate will develop more healthy personalities and will also be better prepared to enter healthy marital relationships. These speculations are currently supported by psychological research which has shown that in rearing emotionally healthy children, proper doses of affection, fair and consistent discipline, proper identification of sex roles relating to both parents, development of a positive self image and confidence and congenial sharing activities between parents and children are necessary for the development of a healthy adult personality.

PART III

Critique and Personal Observations

The 20th century has brought tremendous change in the functions of the traditional family. Technological advances have created a very fast moving society which has produced social, educational, political, economic and spiritual changes with resultant tensions. These tensions have caused the extended family to disintegrate leaving only nuclear families with few support systems to call upon. This has created more tension which has produced dysfunctional family systems. The end result has been break down in the mental health of a total society resulting in considerable unhappiness, confusion, disorientation, and feelings of alienation. Traditional helping professions such as religion, medicine, and law have found themselves ill equipped to assist the increasing number of troubled persons. Some professionals within these disciplines have made noble efforts to help people cope with problems and the medical art of psychiatry has gradually attempted to deal with problems by focusing on troubled individuals only. Nevertheless, this does not appear to have produced significant changes in the problems. During the 1930's and 1940's, psychology, psychiatry, sociology, education, and social work began to conduct a research on the causes and effects of mental illness and on social and educational

problems which were becoming noticeable more prevalent in American society. However, it was not until the mid 1950's and early 1960's that significant advances were achieved. During the mid 1960's improved treatment techniques were introduced and the focus began to move away from labeling disturbed individuals as "sick". Rather the fact that mental and emotional as well as many physical illnesses were due to marital and family dysfunction became increasingly recognized by authorities from the various helping professions.

My personal experience over the past 20 years as a student, teacher and psychotherapist has also moved me in the same direction as other therapist and researchers. In 1960 and before, when I first began working with mentally ill persons, the focus was mostly on serious psychopathology. Disturbed persons were admitted to psychiatric hospitals and treated primarily with drugs and electro-convulsive methods. After release from the hospital, the patient generally would continue to see a psychiatrist who treated him/her utilizing psychoanalytically oriented techniques to assist him/her gain insight into the causes of his/her problems. Anayltically oriented techniques began to be replaced by action oriented approaches whose purpose was to resolve the present problem and bring about relatively immediate results. Originally trained as an Adlerian psychologist, I began to study and apply Rogerian, behavioral, gestalt, dydactic cognitive

affective techniques to my practice. By 1970, I discovered that I had developed my personal style of psychotherapy where I utilized an eclectic approach. I also began to focus less on the individual with the presenting complaints and more on the family since my observations indicated that when one member of a family is troubled, the whole family suffers in some way. I also discovered that treating one family member alone may have improved the mental health of that person but further stressed the remaining family members since they did not grow with the treated individual. In many situations, when a wife or husband was treated without the involvement of the spouse, the marriage frequently ended in divorce. With these experiences firmly implanted in my mind, I began to first request the attendance of my patient's spouse at therapy sessions. Later I requested the presence of "significant other"family members. These changes in my treatment approach met with considerable resistance from the non-patient spouse and from the children. "Why do we have to come since we aren't sick?"

Frequently, I found myself lecturing on the fact that I did not like to label anyone as "sick" and that their attendance at sessions would shorten therapy time, reduce costs, and return the family to a more harmonious state more quickly. In addition, the family member who appeared most disturbed but was not the patient receiving treatment was solicited as co-therapist. I assigned him/her reading materials and other

homework related to the solution of the problem and gave him/her the responsibility for seeing to it that the remainder of the family members completed their respective homework assignments. This allowed the therapist the opportunity to spread treatment sessions further apart so that I could work with more people while indirectly treating the more disturbed family members. In addition, calls were made weekly to motivate them to continue working on the problem.

Follow up research conducted by this writer on the patient population showed a reduction of required treatment sessions for most cases from an average of 20 in 1972 to 12 in 1978. Patients also reported improved mental and physical health, better marital and family communications, and greater satisfaction with life.

Presently, I am continuing to treat as many cases as possible utilizing a family treatment model. In addition, I am increasingly utilizing communications and other family systems approaches in my work and have become a strong proponent of assigning homework to my patients since this seems to continue and reinforce the treatment provided by me during the psychotherapeutic sessions.

My future plans as a psychotherapist tentatively lean towards integrating findings from psychology, psychiatry, medicine, sociology, and education. I plan to research the effects of communications theory to determine the effects that

this may have in preventing future mental, emotional and physical illness within the family system by reducing tension and concomitant disequilibrium within the family. I would also like to examine the effects that religious, spiritual and moral values have upon the incidence of dysfunction within the family system.

Ultimately, I see the survival of our society dependent upon how effective helping professionals are in stopping the present slid towards the destruction of marriage and family life by the sudden technological changes of the present and future generations. I don't believe that marriage and family life should be as it was in past years. However, psychological research and clinical experience has clearly demonstrated that we must keep and maintain a functional healthy family unit together. Yet I see sudden technological changes creating forces within our society which are working against the family. For example, Anthropologist Jules Henry in 1957 saw the potential dangers of rapid technological change and wrote:

> The Mass Media has provided us with valuable educational tools; but so to has it created much discontent within our civilization. The rapid dissmenination of information is contributing to the creation of the "era of the id" where all that will matter will be the satisfaction of our bodily wants while neglecting other important aspects of living. Small businesses will disappear, large corporations will increase, the environment will become

> polluted and woodlands will disappear, jobs will become obsolete, and an increasing number of women will flow into the work force. These phenomena will have a stressful effect upon marriage and family life and will create much anxiety (Cavan, 1965).

It is now apparent that these phenomena have occurred but the family continues to exist. True! We are faced with many problems, yet these are solvable. We have a tremendous ability to adapt and effect positive social and educational change. Therefore, I see positive change in our society through the media of education. We must teach our children to manage tensions that disrupt life. We can train our children to practice positive mental health principles so that they will grow to be understanding husbands, wives, and parents who will cooperate with one another in the mutual management of family emotional problems. This may seem more idealistic than realistic when perceived from a psychoanalytically-deterministic point of view; nevertheless, I believe that it is possible and must be accomplished for the survival of society by strengthening the basic institutions of the society--the family.

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